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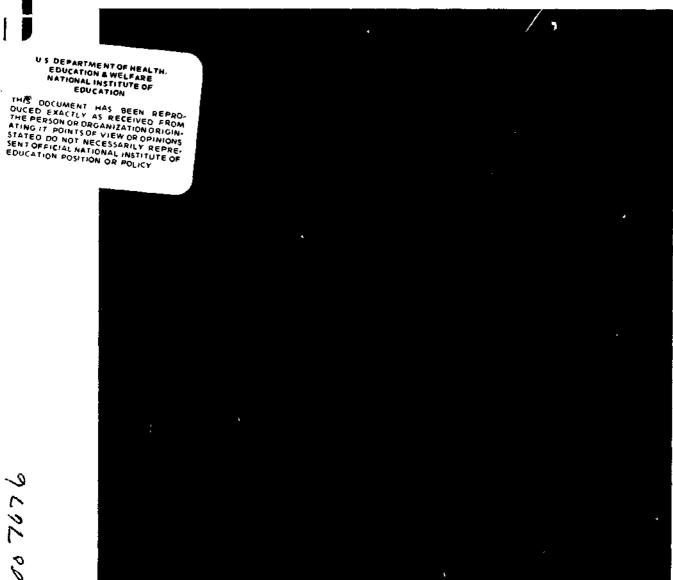
ABSTRACT

The survey data cover three broad categories: (1) the status of existing health research facilities at doctorate-granting institutions (including their current value, adequacy, and condition); (2) the volume of new construction in progress; and (3) the additions to health research facilities anticipated during the next 5 years (1975-80). Supplementary comments submitted by institutional representatives are included. It is noted that academic institutions are under substantial pressure to expand their existing facilities to meet current and anticipated health research needs. Such expansion is viewed by the survey respondents as necessary to (1) improve quality and opportunity for research, (2) attract and retain faculty, and (3) further develop graduate programs in the health sciences. Immediate problems noted include inflationary costs: obsolete apparatus: dependence on large amounts of leased, rented, or temporary space; need to upgrade facilities to meet new federal standards; and lack of funds for planning. Despite these and other constraints, many institutions anticipated fairly significant capital improvement programs, specifically in cancer and environmental research, biomedical engineering, and in research demanding animal care facilities, as well as in broader health science areas. (LBH)

HEALTH RESEARCH FACILITIES:

A Survey of Doctorate-Granting Institutions

Frank J. Atelsek and Irene L. Gomberg



HIGHER EDUCATION PANEL REPORTS, NUMBER 28 AMERICAN COUNCIL ON EDUCATION

FEBRUARY 1976

A Survey Funded by the National Science Foundation, the U.S. Office of Education, and the National Institutes of Health.



AMERICAN COUNCIL ON EDUCATION

Roger W. Heyns, President

The American Council on Education, founded in 1918, is a council of educational organizations and institutions. Its purpose is to advance education and educational methods through comprehensive voluntary and cooperative action on the part of American educational associations, organizations, and institutions.

The Higher Education Panel is a survey research program established by the Council for the purpose of securing policy-related information quickly from representative samples of colleges and universities. *Higher Education Panel Reports* are designed to expedite communication of the Panel's survey findings to policy-makers in government, in the associations, and in educational institutions across the nation.

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HEALTH RESEARCH FACILITIES: A SURVEY OF DOCTORATE-GRANTING INSTITUTIONS

Frank J. Atelsek Trene L. Gomberg



Higher Education Panel Reports Number 28 February 1976

American Council on Education Washington, D.C. 20036



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Acknowledgments

As with all Panel surveys conducted for federal government agencies, this survey benefited from the guidance offered by members of the Federal Advisory Board for HEP and its Technical Advisory Committee. Mr. Richard Giza, survey coordinator for the National Institutes of Health, developed the initial questionnaire and offered many useful ideas for the design of the study and the preparation of this report.

Nabil Issa and Clay Henderson processed the data from the survey, and Elaine Chamberlain was responsible for preparing the manuscript for publication.

Most of all, we would like to acknowledge our debt to the members of the Higher Education Panel and our representatives at each institution surveyed. The Higher Education Panel's program derives its uniqueness and value from the participation of institutional representatives at colleges and universities across the country. Without their prompt and thorough cooperation, none of these reports would be possible.



HEALTH RESEARCH FACILITIES: A SURVEY OF DOCTORATE-GRANTING INSTITUTIONS

The effectiveness of scientific research and, in many instances, its significance depend directly upon the availability of appropriate research and development (R&D) facilities. Evidence suggests growing deficiencies in such facilities at colleges and universities. For example, a survey report issued by the Higher Education Panel in September 1974 noted that public institutions suffer substantial inadequacies in research space. Since health research represents the largest single concentration of R&D activity at educational institutions, a survey to assess the current status of facilities for such research was deemed timely. The survey, conducted at the request of the National Institutes of Health, was designed to elicit information and opinions about the adequacy of health research facilities and about institutional plans for expanding R&D physical facilities during the next five years. The results should be of interest to policy-makers and others concerned with assessing the nation's effort in biomedical research.

Methods Summary

The data for this report were collected as part of a continuing program of the Higher Education Panel, which was established at the American Council on Education in 1971 to conduct small-scale surveys on topics of general policy interest to the academic community and to government agencies. The Panel is based on a network of campus representatives at 643 institutions broadly representative of all colleges and universities in the United States.



College and University Facilities: Expectations of Space and Maintenance Needs for Fall 1974, Higher Education Panel Reports, No. 20 (Washington: American Council on Education), September 1974.

Each of these institutions has agreed to participate in the survey program on a continuing basis and to respond promptly t_0 brief questionnaires. For any given survey, the entire Panel or a subsample may be used.

The sample for this survey was a subset of 219 Panel institutions that grant the doctorate². Of this group, 24 (including theological, technical, and other institutions not engaged in health research) were subsequently excluded. By the closing date for survey returns, usable data had been received from 155 of the remaining 195 institutions, for an overall response rate of 79 percent³.

Institutions were classified according to three characteristics:

(1) control (public vs. private), (2) relative size of the health research enterprise (Top 20 vs. Bottom 20), and (3) having a medical school vs. not having a medical school.

Data reported in the tabulations represent unweighted aggregate totals. Because respondents differed in some respects from nonrespondents (see Appendix C), generalizations beyond the respondent sample are subject to reservation and qualification. Nevertheless, the data presented in this analysis seem adequate to portray gross magnitudes and relationships.



Most health research is done at graduate institutions. In fiscal year 1974, doctorate-granting institutions accounted for 98.4 percent of all expenditures for research in the life sciences at colleges and universities. Additionally, doctorate-granting institutions accounted for 97.4 percent of all expenditures for research and development in all fields of science. National Science Foundation, Expenditures for Scientific and Engineering Activities at Universities and Colleges, Fiscal Year 1974, Detailed Statistical Tables (Washington: U.S. Government Printing Office), 1975 (NSF 75-318).

³Not all institutions could respond to every applicable item on the questionnaire, probably because of the difficulty in obtaining some of the information. Thus, the number of respondents varies from 138 to 155 depending on the particular item being tabulated. The pattern of response is summarized in Appendix A.

F<u>ind</u>ings

The survey data cover three broad areas: (1) the status of existing health research facilities at doctorate-granting institutions (including their current value, adequacy, and condition); (2) the volume of new construction in progress; and (3) the additions to health research facilities anticipated during the next five years (1975-80). Supplementary comments submitted by institutional representatives are summarized in the concluding section of the report.

Status of Existing Facilities

The total value of health research facilities at respondent institutions exceeded \$2 billion in 1975 (see Item 1 of Appendix A). Almost three-fourths of this amount (73 percent) was invested in buildings and laboratories, the remainder in scientific apparatus (6 percent) and other equipment and furnishings (21 percent). Overall, about 23 million square feet of space were devoted to health research in 1975 -- an average of 157,000 square feet per institution (Item-2).

These facilities were heavily concentrated at institutions with medical schools. That such institutions -- which constituted fewer than half the respondents to the survey -- accounted for more than three-fourths of the current value of health research facilities emphasizes the crucial importance of the medical schools in the university health research scene.

In assessing the adequacy of their facilities to meet current health research needs (Item 3), approximately half the survey respondents reported moderate-to-serious deficiencies. The overall pattern of response was as follows:



Institutional Assessment of Facilities

Adequate	15.6%
Some Deficiencies Not Serious	33.8%
Moderate DeficienciesManageable	40.3%
Serious Deficiencies	10.4%

Proportionately more respondents from public than from private institutions rated their facilities as moderately or seriously deficient (56 percent vs. 44 percent). It is noteworthy that the largest institutions were generally negative in their ratings: Of the Top 20⁴, only two institutions viewed their facilities as "adequate," three rated them as slightly deficient, 13 as moderately deficient, and two as seriously deficient.

Asked to assess the condition of existing space devoted to health research (Item 4), respondents judged that almost three-fourths (72 percent) of the space was in satisfactory condition. About one-fourth (23 percent of the available space), however, was thought to require renovation or rehabilitation; and 6 percent was thought to require replacement or elimination.

Construction in Progress

Respondents estimated the total cost for new construction or for renovation and replacement of existing facilities during 1975 at \$547 million (Item 5). The 66 medical institutions having medical schools accounted for a preponderant share, amounting to \$441 million. The 90 public institutions

Includes applicable construction in progress during 1975 regardless of starting or anticipated completion dates.



Responding institutions were classified according to the amount of research funds received from the National Institutes of Health in FY 1973 (research and development, projects and resources). For this report the Top 20 included 9 public and 11 private institutions -- all were universities. The Bottom 20 included 10 public and 10 private institutions -- 10 were universities and 10 were four-year colleges.

estimated their costs of construction to be \$416 million (76 percent of the total costs), for an average of almost \$5 million per institution, whereas the costs of current construction at the 64 private institutions averaged only \$2 million per institution. As expected, the Top 20 institutions far surpassed the Bottom 20 in construction expenditures, averaging almost \$11 million each, compared with an average of slightly more than \$2 million each among the Bottom 20.

Overali, out of every \$100 for construction in progress, \$88 went for new construction, \$8 went for renovation and \$4 went for replacement of existing facilities. Proportionately more dollars were spent to renovate and replace existing facilities at private than at public institutions (22 percent vs. 9 percent of the costs for current construction). Institutions with medical schools were allocating a somewhat greater share of their construction dollars for new construction than were institutions without medical schools (89 percent vs. 83 percent).

Anticipated Additions (1975-1980)

Despite current constraints on institutional plans and budgets, more than half the respondent institutions (61 percent) anticipated major additions to their health research facilities during the next five years (Item 6); at least 73 percent of the respondent institutions expected additions totaling \$1 million or more. It was estimated that these anticipated new facilities would cost over \$600 million, with \$560 million devoted to new space and \$48 million to scientific apparatus (Items 7 and 8).

The institutions with medical schools accounted for a disproportionately large share of these anticipated costs (three-fourths of the costs for new



 $^{^{6}}$ Space greater than \$100.000 each; apparatus greater than \$50,000 each.

space and 83 percent of the costs for scientific apparatus). Similarly, though institutions in the Top 20 constituted about one-fifth of those institutions anticipating major additions, they nevertheless accounted for almost one-third of all anticipated new space costs.

The various categories of institutions differed in their estimates of the probable sources of funds for these future facility costs (Items 9 and 10). Public institutions saw state and local governments as the primary source of funds (providing over 70 percent of the needed amounts), while private institutions placed higher-than-average reliance on both private and federal sources (64 percent and 28 percent, respectively). The Top 20 institutions expected that more than half of their required funding would be provided by private sources. Institutions with medical schools expected to draw more evenly on all three of these sources. Institutions without medical schools, on the other hand, placed higher-than-average reliance on state and local government sources (65 percent of the costs for space additions).

Views of Survey Respondents

According to additional comments made by institutional representatives, academic institutions are under substantial pressure to expand their existing facilities to meet current and anticipated health research needs. Such expansion is viewed as necessary to (1) improve quality and opportunity for research, (2) attract and retain faculty, and (3) further develop graduate programs in the health sciences.

Respondents emphasized in particular some of the more immediate problems facing academic institutions: inflationary costs; obsolete apparatus; dependence on large amounts of leased, rented, and temporary space; need to

⁷ Includes 9 public and 11 private Institutions.



upgrade facilities to meet new federal standards (e.g., renovation to effect biohazard control); lack of funds for planning.

Despite these and other constraints, many institutions anticipated fairly significant capital improvement programs, specifically in cancer and environmental research, in biomedical engineering, and in research demanding animal care facilities, as well as in broader health science areas, especially in medical schools. It was apparent, however, that the anticipated expansion was contingent, in great measure, upon public financing (state and federal). Several institutional representatives stated their conviction that, if health research facilities were to be improved, greater public commitment to this goal and less restrictive federal granting policies would be necessary.



Appendixes

Appendix A: Summary Data

Appendix B: Survey Instrument

Appendix C. Institutional Response to Survey



Appendix A: Summary Data

Summary Data on Health Research Facilities at Doctorate-Granting Institutions, 1975

	Item	Al1 Institutions	Public Institutions	Private Institutions	Top 201 Institutions	Bottom 201 Institutions	Institutions With Medical Schools	Institutions Without Medical Schools	_
1.	Value of Health Research Facilities	(N=138)	(N 83)	(_{N=55})	(N=16)	(N=16)	(N=59)	(N=79)	
	Space ²	72.8	71.7	74.2	73.7	68.7	73.2	71.4	
	Scientific Apparatus ³	5.9	5.6	6.3	4.9	17.3	5.1	8.7	
	Other ⁴	21.3	22.7	19.5	21,5	<u> 14.0</u>		<u> 19.8</u>	
	Total Percentage Dollars (in millions)	100.0% \$2,072.1	100.0% \$1,150.1	100.0% \$922.1	100.0% \$837.5	100.0% \$29.1	100.0% \$1,587.1	100.0% \$485.0	
2.	Amount of Space	(N≃149)	(½=89)	(N=60)	(N=20)	(N=20)	(N=65).	(N=84)	
	Area in Square Feet (thousands)	23,406.2	13,046.1	10,360.1	8,880.7	482.0	16.936.6	6,469.6	
3,	Adequacy of <u>Facilities</u>	(N=154)	(N=90)	(N=64)	(N=20)	(N=20)	(N=67)	(N=87)	;
	Adequate	15.6	12.2	20.3	10.0	15.0	13.4	17.2	
	Some Deficiencies-Not Serious	33.8	32.2	35.9	15.0	30.0	31.3	35.6	
	Moderate Deficiencies—Manageable	40.3	43.3	35.9	65.0	35.0	44.8	36.8	
	Serious Deficiencies	10.4	<u> 12.2</u>		10.0	20.0	10.4	10.3	
	Total Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
4.	Condition of Available Space	(N=149)	(N=89)	(N=60)	(N=20)	(N=20)	(N=65)	(N=84)	
	Satisfactory	71.6	69.7	73.9	68.6	76.4	71.5	71.8	
	Should be Renovated	22.8	24.9	20.3	24.4	19.0	22.8	23.0	
	Should be Replaced	5.3	5.3	5.4	6.5	4.5	5.4	5.2	
	Can be Eliminated	0.2		0.4	0.5	0	0.3	0	
	Total Percentage Area in Square Feet (thousands)	100.0% 23,406.2	100.0% 13,046.1	100.0% 10,360.1	100.0% 8,880.7	100.0% 482.0	100.0% 16,936.6	100.0% 6,469.6	
5.	Construction in Progress (1975)	(N=154)	(N=90)	(N=64)	(N=20)	(N=20)	(N=66)	(N=88)	
	Renovation	8, 3	7,1	12.2	10.7	0.9	7.8	10.5	
	Replacement	3.6	1.6	9.9	6.3	4.6	3.0	6.1	
	New Construction	88.1	91.2	<u></u>	<u>83.0</u>	94.4	<u>89.2</u>	83.4	
	Total Percentage Dollars (in millions)	100.0% \$546.8	100.0% \$415.6	100.0% \$131.2	100.0% \$212.1	100.0% \$48.1	100.0% \$441.4	100.0% \$105.5	



÷

65.1

19.3

100.0%

Summary Data on Health Reseatch Facilities at Doctotate-Gtanting Institutions, 1975 (continued)

(N=Number of Respondent Institutions)

Institutions Institutions Top 201 Bottom 201 All Ptivate Public Withour With Medical Item Institutions Institutions Institutions Institutions Institutions Medical Schools Schools 6. Anticipating Majot Additions Next 5 Yeats (N=155) (N=91)(N=64) (N=20)(N=20) (N=67)(N=88)62.6 59.4 90.0 50.0 73.1 52.3 Yes 61.3 No 38.7 37.4 40.6 10.0 50.0 26.9 47.7 Total Petcentage 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 7. New Construction Anticipated Next 5 Years (N=90) (N = 53)(N=37)(N-17)(N=9) (N=48)(N=42)\$32.5 Estimated Cost (millions of dollars) \$560.3 \$253.7 \$206.6 \$179.1 \$419.5 \$140.8 8. Putchase of Scientific Apparatus Anticipated Next 5 Yeats3 (N=87)(N≈52) (N=35) (N=9) (N=46)(N=41)(N=15)Estimated Cost (millions of dollars) \$10.5 \$5.2 \$39.9 \$8.3 \$48.3 \$26.3 \$22.0 9. Estimated Cost of Additions (1975-1980) and Funding Source-SPACE5 (N=39)(N=83) (N≈49) (N=34)(N=16)(N=8)(N=44)17.4 27.9 11.6 23.2 15.6 **Fedetal** 21.0 22.7

8.1

64.0

100.0%

\$495.2 Dollars (in millions) \$324.4 \$170.8 \$143.9 \$32.3 \$355.2 \$140.0 Estimated Cost of Additions (1975-1980) and Funding Source-SCIENTIFIC APPARATUS3 (N=34)(N=38)(N=48)(N=15)(N=8)(N=44) 35.6 25.6 46.2 37.1 14.8 37.3 28.1 Fedetal 50.0 State and Local 41.7 72.5 9.2 22.8 78.1 39.8 44.7 40,1 21.8 Private 22.7 1.8 7.1 22.9 Total Petcentage 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% Dollats (in millions) \$45.0 \$23.1 \$21.9 \$10.5 \$36.9 \$8.1 \$5.1

71.4

11.2

100.0%

49.6

29.4

100.0%

State and Local

Total Petcentage

Private

82.2

100.0%

6.2

43.5

33<u>.</u>3

100.0%

22.7

54.6

100.0%



Ranked by level of NIH R&D support (projects and resources) in FY 1973.

²Buildings, labotatoties, etc.

Items valued in excess of \$50,000 each.

Equipment and movable furnishings.

Space costing \$100,000 each.

Appendix B: Survey Instrument

AMERICAN COUNCIL ON EDUCATION ONE DUPONT CIRCLE WASHINGTON, O. C. 20036

HIGHER EDUCATION PAREL (202) 833-4757

July 7, 1975

Dear Higher Education Panel Representative:

Enclosed is the twenty-eighth survey of the Higher Education Panel. This survey, requested by the National Institutes of Health, concerns health research facilities at doctorate-granting institutions.

You may recall that last summer the Higher Education Panel conducted a survey on "College and University Facilities: Space and Maintenance Needs for Fall 1974" (HEP Survey #20). That study revealed a serious deficiency in research space at some colleges and universities, but provided no additional information on the nature and dimension of that deficiency in relation to specific fields. This survey hopes to do so for the health field.

You will note that the survey requests approximations in some cases and opinions in others. Please be assured that your best estimates are valuable and that we do not want you to spend an excessive amount of time obtaining information not readily available. We would appreciate, however, if you would make a special effort to include as part of your response all health research facilities of your institution, including all medical facilities, even if some are located off-campus.

Please understand that your responses will be held in strictest confidence. As with all our reports, the data you provide will be reported in summary fashion only and will not be identified with your institution.

We would appreciate having the completed questionnaire returned to us by July 23, 1975. We have enclosed a stamped, self-addressed envelope for your convenience.

If you have any questions or problems with the survey, please do not hesitate to telephone us (collect) at (202) 833-4757.

Thank you again for your cooperation.

Sincerely,

frank ateles

Frank Atelsek Director



Definitions and Guidelines

- The term "Health Research" embraces all research relating to the causes, prevention, diagnosis, treatment, and control of the physical and mental diseases afflicting humanity; including development of improved methods, techniques and equipment for research, treatment and promotion of public health. As a minimum, please report (1) all research facilities used in the medical school and hospital setting, (2) facilities used for research in biological sciences, exclusive of agriculture and forestry. An illustrative list of disciplines covered by the term "health research" appears at the bottom of this page.
- 2) Value of Physical Facilities -- Use whichever method is most convenient in arriving at a dollar estimate of <u>current</u> worth -- e.g., book value, insurance value, replacement cost.
- 3) If facilities are shared with other disciplines, please estimate the proportion used for health research only and base your calculations on that proportion. We are aware that this will probably be an approximation, particularly in the case of hospitals that combine patient care, education and research. Please use your best judgment in approximating the percentage for research.
- 4) Do not include: (a) hospitals/buildings/facilities not owned by the institution, (b) federal contract research centers.
- 5) Illustrative list of disciplines covered by the term "Health Research":

<u>Health Fields</u>	Bi	ological Sciences		Other
Medicine Dentistry Veterinary Medicine	Anatomy Bacteriology Biochemistry Biology, General Biophysics	Cell Biology Genetics Histology Microbiology Molecular Biology	Neurosciences Pharmacology Physiology Radiobiology Toxicology	Chemistry (organic) Psychology

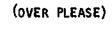


American Council on Education Higher Education Panel Survey Number 28

Health Research Facilities*

1.	Please estimate the <u>va</u> health research at you	<pre>lue* of total physical facilities presently devoted to r institution:</pre>
	\$	Space (buildings, laboratories)
		Scientific apparatus (electron microscope, heart-lung machine, etc items in excess of \$50,000 each)
	\$	All other equipment, movable furnishings
	\$	TOTAL (in thousands of dollars)
2.	Please give your best research at your insti	estimate of the <u>amount</u> of space presently devoted to health tution:
		Sq. ft.
3.	In general, are availa meeting current health	ble facilities at your institution considered adequate in research needs?
	[] Adequate	
	[] Some defici	ences, but not considered serious
	[] Moderate de	ficiences, but still manageable
	[] Seriously d	eficient
4.	Please characterize th institution (in percen	e <u>condition</u> of <u>space</u> available for health research at your ts totaling 100):
	% Constd	ered satisfactory in its present physical condition
	\$ Should	be renovated or rehabilitated
	% Should	be replaced
	% Can be	eliminated
5.	Indicate approximate c \$100,000 each) current	osts and types of major construction projects (costing more than ly in progress (i.e., now under construction):
	\$	Removation (no real change in volume of facilities)
	\$	Replacement (no substantial change in volume of facilities)
		New facility construction (substantial increase in volume of facilities)
	\$	TOTAL (In thousands of dollars)







	Are major additions to health research fapparatus more than \$50,000 each) reason next five years (1975-1980)? [] Yes [] No If "Yes", please estimate the approximate	nably anticipated a	at your institution within the me of construction or acquisition)
	of these facilities and the probable sou question 5):	urces of funding (do not include items covered in
	 Space (buildings, laboratories, etc costing more than \$100,000 each) 	(In thousands	: Federal \$ State/local \$
	eacn/	O: dollars/	Private \$
	2) Scientific Apparatus (costing more than \$50,000 each)	(In thousands	: Federal \$
		of dollars)	
7.	Please provide any additional comments of institution in regard to health research		
8.	Does your institution have a medical sch	noo1? [] Yes [] No
	If so, do your responses to this survey	include data rela []Yes [
	NK YOU FOR YOUR ASSISTANCE. Pase return this form by <u>July 23, 1975</u>	PLEASE RETAIN A RECORDS.	COPY OF THIS SURVEY FOR YOUR
то:	HIGHER EDUCATION PANEL	Person Completi	ng Form
	AMERICAN COUNCIL ON EDUCATION ONE DUPONT CIRCLE		Office
	WASHINGTON, D.C. 20036	20	Phone

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Appendix C: Institutional Response to Survey

Survey questionnaires were sent to the 207 of the 219 Ph.D.-granting institutions in the Panel thought to have health research facilities. Twelve of the 207 institutions indicated that no health research was conducted on their campuses. Of the remaining 195 institutions, 155 (79 percent) provided usable information before the closing date for questionnaire returns.

Table C-1 compares the universe of Ph.D.-granting institutions (N=288) with those institutions that are Panel members (N=219). Of the institutions in the population: (1) one-third are public universities; public and private colleges and private universities make up the rest of the population in about equal numbers; (2) three out of ten are located in the East, and another three out of ten in the South; (3) nearly two-fifths have medical schools; (4) more than one-fourth had no R&D support fom NIH in FY 1973, and approximately one-sixth received over \$5 million.

The institutions in the Higher Education Panel are in many respects quite similar to those in the population, except that: (1) they are more likely to be universities, particularly under public control (two-fifths); (2) they are less likely to have received no R&D funding from NIH in FY 1973 (one-sixth).

Table C-2 compares the respondents and nonrespondents according to selected institutional characteristics. Higher-than-average response rates were recorded for (1) institutions located in the South (85 percent); (2) institutions that received at least \$5 million in NIH R&D support (95 percent for those that received between \$5-10 million, and 90 percent for those that received \$10 million or more); and (3) institutions with medical schools (84 percent). Response rates were below average for (1) colleges and universities in the East (73 percent); and (2) institutions that received between \$500,000 and \$1 million (63 percent) and under \$100,000 (72 percent) in NIH R&D support.



Table C-1

Comparison of the Higher Education Panel Institutions and the Ph.D.-Granting Population

(in Percentages)

Characteristics	All Ph.DGranting Institutions (N=288)	HEP Ph.DGranting Institutions (N⇒219)
Control and Type		
Public Four-Year College	22.2	17.3
Private Four-Year College	24.0	18.2
Public University	32.6	40.0
Private University	21.2	24.5
Census Region		
East	30.6	31.8
North Central	19.8	22.3
South	31.6	27.7
West	18.1	18.2
<u>Level of NIH R&D Support</u>		
(Projects & Resources) in FY 1973		
\$10 million or more	8.0	8.6
\$ 5 - 9.9 million	8.3	9.1
\$ 1 - 4.9 million	21.9	23.2
\$.59 million	6.6	7.7
\$.149 million	15.6	19. i
Under \$100,000	12.8	15.9
None	26.7	16.4
Medicai School		
With	38.2	38.6
Wi thout	61.8	61.4



Table C-2

Comparison of Respondents and Nonrespondents to Survey No. 28

Health Research Facilities

(In Percentages) $^{\circ}$

Characteristics	Respondents (N=155)	Nonrespondents (N=40)	Response Rate ^a
Гуре			
Four-Year College	29.7	27.5	80.7
University	70.3	72.5	79.0
Control	_		
Public	58.7	65.0	77.8
Private	41.3	35.0	82.1
Census Region		•	
Fast	27.9	40.0	72.9
North Central	22.1	22.5	79.1
South	32.5	22.5	84.7
West	17.5	15.0	81.8
evel of NIH R&D Support			
(Projects and Resources) F	- Y73	5.0	89.5
\$10 million or more	11.0	5.0	89.5, 94.7
\$ 5-9.9 million	11.6	2.5	
\$ 1-4.9 million	23.9	27.5	77.1, 63.2
\$.59 million	7.7	17.5	82.5
\$.149 million	21.3	17.5	71.9
Under \$100,000	14.8	22.5	
None	9.7	7.5	83.3
ledical School			
With	43.2	32.5	83.8
Without	56.8	67.5	76.5

 $^{^{\}rm a}$ Asterisks in this column designate those response rates that exceed or fall short of the overall response rate by more than 10 percent.

NOTE: Of the 219 Ph.D.-granting institutions in the Panel, 24 had no health research facilities. Therefore total respondents (N=155) and nonrespondents (N=40) equal 195.



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- Single copies of the above reports may be obtained from the Higher Education Panel, American Council on Education. One Dupont Circle, Washington, D. C. 20036.

